LAMSON & SESSIONS CO

Form 4

September 09, 2005

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

burden hours per 0.5

Estimated average response...

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

STOCK

(Print or Type Responses)

1. Name and Address of Reporting Person * COQUILLETTE WILLIAM H			2. Issuer Name and Ticker or Trading Symbol LAMSON & SESSIONS CO [LMS]				Is	5. Relationship of Reporting Person(s) to Issuer				
(14)	(T)) (C)) (AC III)								(Check all applicable)			
(Last) (First) (Middle) JONES DAY, 901 LAKESIDE AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 09/07/2005				_	_X Director 10% Owner X Officer (give title Other (specify below)				
	(Street)		4. If Amen	dment, Da	te Original		6.	. Individual or Joi	nt/Group Filin	g(Check		
CLEVELAN	ID. OH 4411	4	Filed(Mont	· ·	U		A 	pplicable Line) X_ Form filed by Oi Form filed by Mo	ne Reporting Per	rson		
CLL (LL)	, , , , , , , , , , , , , ,	•					Po	erson				
(City)	(State)	(Zip)	Table	I - Non-D	erivative S	Securi	ties Acquir	red, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	Year) Execu	eemed tion Date, if ch/Day/Year)	3. Transacti Code (Instr. 8)	4. Securi or(A) or D (Instr. 3,	ispose 4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
COMMON STOCK	09/07/2005			A	23	A	\$ 16.385	1,057	D (1)			
COMMON STOCK	09/07/2005			A	90	A	\$ 16.75	3,416	I	See Footnote (2)		
COMMON STOCK								28,837	D (3)			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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displays a currently valid OMB control

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	PD1 - 1	or		
						Exercisable	Date	Title	Number		
				G 1 17	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
Toporting of the Figure 1	Director	10% Owner	Officer	Other				
COQUILLETTE WILLIAM H JONES DAY 901 LAKESIDE AVENUE CLEVELAND, OH 44114	X		Assistant Secretary					

Signatures

/s/ Aileen Liebertz, Attorney-in-Fact for William H.
Coquillette

09/09/2005

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Restricted shares, exempt under Rule 16b-3(d)(1), held by issuer until 3-year vesting period.
- (2) New account as of July 2004 Shares held in Trust pursuant to Directors Deferred Compensation Plan a 16b-3 Plan. Transaction(s) completed by Trustee as of September 7, 2005.
- (3) Direct Ownership: 28,837 shares are owned directly, which were previously held in Deferred Compensation Trust Account.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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